



Vaccination Policy

Scope:

This policy applies to all people employed or affiliated with Island Health & Fitness, LLC, including but not limited to employees, members, contract staff, students, volunteers and visitors, in each case who engage in activities such that if they were infected with COVID-19 they could, potentially, expose other employees, members or personnel working for Island Health & Fitness to the disease (the "Covered Personnel").

Policy:

Subject to limited exemptions for enumerated medical conditions or religious beliefs described below, all Covered Personnel/Members are required to be continually fully vaccinated against COVID-19, with the first dose for currently employed/members or affiliated individuals to have been received on or before September 27, 2021. For purposes of this Policy, "fully vaccinated" shall mean two (2) weeks after receiving either (1) the second dose in a two (2) dose series (e.g.; Pfizer-BioNTech or Moderna), or (2) a single dose vaccine (e.g.; Johnson & Johnson/Janssen). Remaining fully vaccinated requires the receipt of any booster dose as and when such booster becomes a recommendation by the Center for Disease Control ("CDC").

Limited Exemptions:

Permanent Medical Exemption:

Per the Advisory Committee on Immunization Practices, Covered Personnel/Members may seek a permanent medical exemption from vaccination required under this Policy if such Covered Personnel:

1. Developed myocarditis or pericarditis after the first dose of a two dose series.
2. Developed a severe allergic reaction (angioedema, urticaria, respiratory distress, or anaphylaxis) within 4 hours after the first dose of a two dose series.
3. Have a diagnosed severe allergy (angioedema, urticaria, respiratory distress, or anaphylaxis) to a component in all currently available COVID-19 vaccines.

Time Limited Medical Exemptions:

Per the Advisory Committee on Immunization Practices, Covered Personnel may seek a time limited medical exemption from vaccination:

1. For a period of 90 days following receipt of COVID-19 monoclonal antibody infusion.

2. For a period of 90 days after being diagnosed with Multisystem Inflammatory Syndrome during proven COVID-19 infection.
3. Until released from isolation by the applicable local Health Department following infection with COVID-19.

Note: There is no medical exemption for shingles, Guillain-Barre Syndrome, autoimmune disorders, immunosuppressive medications or conditions, pregnancy, or lactation, among others.

Religious Exemption:

Covered Personnel/Members may seek a religious exemption from the vaccination required under this Policy for a genuine and sincere religious belief contrary to the practice of immunization.

Procedure:

Vaccination:

Unless a medical or religious exemption has been granted in accordance with this Policy, no later September 27, 2021 for all current Employee Covered Personnel, all IHF Members will be on going, shall provide to Island Health & Fitness as applicable, acceptable proof of vaccination evidencing at least one (1) dose of a COVID-19 vaccination. Thereafter, all Covered Personnel and Members must provide Island Health & Fitness with evidence of the second dose of vaccination and boosters as and when such second doses and boosters are recommended to be received. Unless a medical or religious exemption has been granted in accordance with this Policy, newly hired or engaged Covered Personnel/Members shall provide to Island Health & Fitness, as applicable, acceptable proof of full vaccination upon hire or engagement. For purposes of this Policy, acceptable proof of vaccination includes:

1. A record prepared and signed by the licensed health practitioner who administered the vaccine, which may include a CDC COVID-19 vaccine card; or
2. An official record from one of the following, which may be accepted as documentation of immunization without a health practitioner's signature: a foreign nation, NYS Countermeasure Data Management System (CDMS), the NYS Immunization Information System (NYSIIS), City Immunization Registry (CIR), a Department-recognized immunization registry of another state, or an electronic health record system;

All proofs of vaccination must include; manufacturer of vaccine administered, lot number of vaccine administered, date(s) of vaccination, and practitioner or location of clinic.

Documentation of vaccination will be made in the applicable personnel record/member file in accordance with applicable privacy laws. Medical information obtained from Covered Personnel/Members as a result of this Policy will be maintained in a separate medical file for such Covered Personnel/Members and will be kept confidential, provided that medical information does not include whether or not an individual has been vaccinated.

Failure to comply with the vaccination requirements of this Policy without being granted a medical or religious exemption will result in immediate termination for cause of the non-compliant Covered Personnel. Members will not be allowed entry in the facility.

Exemptions:

For all currently employed or engaged Covered Personnel/Member, any individual wishing to seek a medical or religious exemption from the vaccination required under this Policy must complete the Request for Medical Exemption or Request for Religious Exemption form, as applicable, attached to this Policy. Employees must return a sealed envelope to Island Health & Fitness General Manager no later than 4:00 P.M. on September 20, 2021. All Island Health & Fitness members exemption request will be reviewed weekly. Members must return their exemption form in a sealed envelope to Island Health & Fitness General Manager. Thereafter, any individual wishing to become a newly hired employee or a member who wishes to seek a medical or religious exemption from the vaccination required by this Policy shall complete the Request for Medical Exemption or Request for Religious Exemption form, as applicable, attached to this Policy and return it to Island Health & Fitness General Manager upon application.

All requests for a permanent or time limited medical exemption will be reviewed by Island Health & Fitness Advisory Committee. Such exemption will be granted only if the medical exemption request is based upon one of the specific conditions enumerated in this Policy. Additional information may be requested from Covered Personnel/Members if necessary to evaluate the requested medical exemption. All information received in connection with a request for a medical exemption will be maintained in a separate medical file for the requesting individual and will be kept confidential.

All requests for a religious exemption will be reviewed by Island Health & Fitness Religious Advisory Committee lead by CMC Chaplin. A religious exemption will be granted only if the individual's opposition to the practice of immunization constitutes a moral or ethical belief as to what is right and wrong which is sincerely held with the strength of traditional religious views. The opposition must be sincere and imponderable, comprehensive in nature and accompanied by certain formal and external signs. It will not be sufficient that the individual holds a sincere opposition to the COVID-19 vaccination or simply worries about the health effects of the COVID-19 vaccination, disbelieves the scientifically accepted view that it is safe for most people and/or wishes to avoid receiving the COVID-19 vaccination.

If an individual's request for a medical or religious exemption is granted, then Island Health & Fitness, as applicable, will begin an interactive process with the affected individual to attempt to identify a reasonable accommodation for such individual. Any reasonable accommodation must be feasible and plausible and must enable the individual to perform the fundamental duties necessary for the position held by such individual or member. If a reasonable accommodation cannot be identified, the requesting individual's relationship with Island Health & Fitness may be terminated. No individual will be retaliated or discriminated against for requesting a medical or religious exemption, whether or not that medical or religious exemption is granted.



COVID Vaccine Medical Exemption Request

Name: _____ DOB: _____

I am requesting a permanent medical exemption based upon the following (please check all that apply):

___ Myocarditis or pericarditis after the first dose of a 2 dose series.

___ Severe allergic reaction (angioedema, urticaria, respiratory distress, or anaphylaxis) within 4 hours after the first dose of a 2 dose series.

___ Severe allergy (angioedema, urticaria, respiratory distress, or anaphylaxis) to a component in all currently available vaccines.

I am requesting a time limited medical exemption based upon the following (please check all that apply):

___ Received COVID-19 monoclonal antibody infusion on _____ and must wait 90 days from the time of infusion to have a COVID-19 vaccine.

___ Diagnosed with Multisystem Inflammatory Syndrome in Adults during proven COVID-19 infection on _____ and must wait 90 days after the date of diagnosis to have a COVID vaccine.

___ Currently infected with COVID-19 and am exempt from vaccination until I am released from isolation by my local health department. I currently expect to be release from isolation on _____.

Please Note: There is no medical exemption for shingles, Guillain-Barre Syndrome, autoimmune disorders, immunosuppressive medications or conditions, pregnancy, or lactation, among others.

Requesting Individual's Signature: _____ Date: _____

The undersigned healthcare provider acknowledges that Island Health & Fitness will rely on the foregoing information in determining whether to grant a medical exemption from COVID-19 vaccination and affirms that the foregoing information is true and accurate.

Healthcare Provider Signature: _____ Date: _____

Healthcare Provider Name (Printed): _____

For Human Resources Use Only:

Date Received: _____

Exemption

___ Granted on _____

___ Denied on _____



COVID Vaccine Religious Exemption Request

Name: _____

DOB: _____

A religious exemption will be granted only if your opposition to the practice of immunization constitutes a moral or ethical belief as to what is right and wrong which is sincerely held with the strength of traditional religious views. The opposition must be sincere and imponderable, comprehensive in nature and accompanied by certain formal and external signs. It is not sufficient that you hold a sincere opposition to the COVID-19 vaccination or worry about the health effects of the COVID-19 vaccination, disbelieve the scientifically accepted view that it is safe for most people and/or wish to avoid receiving the COVID-19 vaccination.

I am requesting a religious exemption from the COVID 19 vaccination based upon the following sincerely held religious beliefs. Please be as specific and complete and include examples of formal and external signs evidencing your beliefs if possible (use additional pages if necessary):

Multiple horizontal lines for writing the exemption request.

For Human Resources Use Only:

Date Received: _____

Exemption

____ Granted on _____

____ Denied on _____